

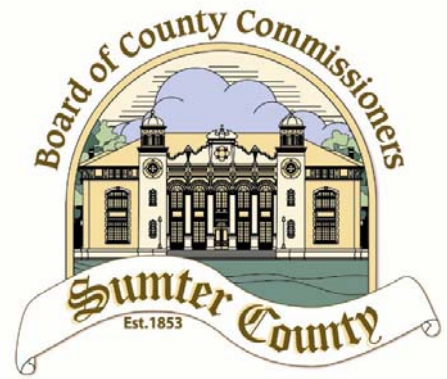
Board of County Commissioners

Division of Planning & Development

Development Review

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FAX: (352) 793-0274 • SunCom: 665-6622 • Website: <http://sumtercountyfl.gov/plandevlop>



Application for Transfer of Operating Permit

Facility Name: _____

Operating Permit Number: _____

- 1) Name, address, email address, telephone number, and federal employer identification number of new operators of record.
- 2) Name, address, email address, and telephone number of new operators agent or representative, if any.
- 3) Legal description of parcel, as shown in the public records of Sumter County, Florida, for which the transfer of operating permit is requested, and street address if known.
- 4) The effective date of transfer.
- 5) Name, address, email address, and telephone number of the previous operator.
- 6) Name, address, email address, and telephone number of the previous operators agent or representative.

- 7) Signature of new operators (Must be new owner(s) of record or agent with written authorization. Evidence of ownership may be required).

Operators Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
(name of person making statement).

Personally Known _____ OR Produced Identification _____
Type of Identification _____
Produced _____

Notary Signature

Notary Seal

- 8) Signature of outgoing operators (Must be previous owner(s) of record or agent with written authorization. Evidence of previous ownership may be required).

Outgoing Operator Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
(name of person making statement).

Personally Known _____ OR Produced Identification _____
Type of Identification _____
Produced _____

Notary Signature

Notary Seal